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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P96000100648**

1. Corporation Name  
**JOEL BARTHOLET, INC.**

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br>LAKE MARIN<br>100 LAKERIDGE DR.<br>PANAMA CITY FL 32405 | Mailing Address<br>LAKE MARIN<br>100 LAKERIDGE DR.<br>PANAMA CITY FL 32405 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                                 |                                                                                                |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>100 LAKERIDGE DR.</b><br>Suite, Apt. #, etc.            | 2a. Mailing Address<br>26 <b>100 LAKERIDGE DR.</b><br>Suite, Apt. #, etc.                      |
| 23 <b>PANAMA CITY, FL</b><br>City & State<br>24 <b>32405</b><br>Zip<br>25 <b>USA</b><br>Country | 27 <b>PANAMA CITY FL</b><br>City & State<br>28 <b>32405</b><br>Zip<br>29 <b>USA</b><br>Country |

|                                                                                                                                                 |                                    |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/01/1997</b>                                                                                          | 4. FEI Number<br><b>59-3418263</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                       |                                    | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                 |                                    | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                                        |

9. Name and Address of Current Registered Agent

**BARTHOLET, JOEL**  
**LAKE MARIN**  
**100 LAKERIDGE DRIVE**  
**PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |
|                                                       | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JOEL BARTHOLET PRES.** *Joel Bartholet (printed)* DATE **1/18/99**

12. OFFICERS AND DIRECTORS

|                                                                                                                                                |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br><b>P</b><br>NAME<br><b>BARTHOLET, JOEL</b><br>STREET ADDRESS<br><b>2203 BECK AVE D7</b><br>CITY-ST-ZIP<br><b>PANAMA CITY FL 32405</b> | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> DELETE            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                                                                                                                                                        |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE<br><b>PRESIDENT</b><br>1.2 NAME<br><b>JOEL BARTHOLET</b><br>1.3 STREET ADDRESS<br><b>100 LAKERIDGE DR</b><br>1.4 CITY-ST-ZIP<br><b>PANAMA CITY, FL 32405</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **JOEL BARTHOLET PRES.** *Joel Bartholet* DATE **1/18/99** 850 769 6567

CR2E034 (1/1/98)